

**SREE GOKULAM MEDICAL COLLEGE
AND RESEARCH FOUNDATION**

NAME OF THE COLLEGE : _____

Date of Assessment	Remarks
Accepted? (YES/NO)	
Name of the Assessor	
Signature of Assessor	

DECLARATION FORM : 2017 - 2018 - FACULTY

1.(a) Name: Dr. S. MOHANDAS

1.(b) Date of Birth & Age: 19-05-1951-65

1.(c) Submit Photo ID proof issued by Govt. Authorities :

Photo ID submitted :

Passport Copy / PAN Card / Voter ID / Aadhar Card

Number: AIWFS 14512 L Issued by _____

COMMISSIONER OF INCOME TAX
TRIVANDRUM



Note: 1) Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty. 2) Original Certificates are mandatory for verification. All Certificates/Documents/Certified Translations, must be in English

1.(d) i. Present Designation: ASSOCIATE PROFESSOR

1.(d)(i)a Certified copies of present appointment order at present institute attached. ✓

1.(d)ii. Department: FORENSIC MEDICINE

1.(d) iii. College: SREE GOKULAM MEDICAL COLLEGE & RESEARCH
FOUNDATION, VENJARAMOODU, THIRUVANANTHAPURAM

1.(d)iv. City: THIRUVANANTHAPURAM

1.(d) v. Nature of appointment: Regular / ~~Contractual~~

1.(d)vi. Date of appearance in Last MCI - UG/PG/Any Other Assessment 2/6/16

1.(d)vii Whether appeared in Last MCI - UG/PG Assessment in the same Institute - Yes/No ✓

1.(d)viii Whether appeared in Last MCI - UG/PG Assessment on same Designation - Yes/No ✓

1.(e) Residential Address of employee: SABARIGIRI,
LUMRA 31, KUNNUKUZHI, VANCHIYUR. PO
THIRUVANANTHAPURAM - 35

[Signature]
Signature of Faculty

[Signature]
Signature of Dean

Dr. V. Girija MD
Principal
Sree Gokulam Medical College &
Research Foundation, Venjaramoodu
Thiruvananthapuram-695 607